



Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

May 29, 2014

Ms. Jane White, Administrator  
Cota's Hospitality Home  
1079 South Barre Road  
Barre, VT 05641-8115

Dear Ms. White:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 16, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

PC:jl

Division of Licensing and Protection

RECEIVED  
Division of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	MAY 19 14 Licensing and Protection  <b>04/16/2014</b>
---	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**COTA'S HOSPITALITY HOME**

**1079 SOUTH BARRE ROAD  
BARRE, VT 05641**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensure survey and complaint investigation were conducted by the Division of Licensing & Protection on 4/15 & 4/16/2014. Findings include:	R100		
R136 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.7. Assessment  5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that each resident was assessed annually for five of the five Residents reviewed (Residents #1, #2, #3, #4 and #5): Findings include:  1). Per record review R#1 had no assessment for the years 2013 and 2014.  2). Per record review Residents #2 and #4 had no annual assessments for the year 2013.  3). Per record review Residents #3 and #5 had annual assessments for the year 2013 which were not signed by the RN as being complete.  In an interview at 1:45 PM the facility manager confirmed that there were no assessments completed for the residents in the samples described above.	R136		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

*Jane White LPN/BSA*

*Manager*

*5/12/14*

6699

Q8EU11

If continuation sheet 1 of 8

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTA'S HOSPITALITY HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1079 SOUTH BARRE ROAD BARRE, VT 05641</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R145 SS=D	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p>5.9.c (2)</p> <p>Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure the development of a written plan of care that described care and services necessary to maintain independence and well being for 2 of 5 residents reviewed (R#1 and R#4). Findings include:</p> <p>1). Per record review R#1 fell into a nearby river on Saturday morning while out in the company of a second resident. There is no documentation in the resident care plan regarding resident safety or education regarding approaching the nearby river. Additionally the resident has a bee sting allergy and has an Epi-pen in case of anaphylaxis. The care plan does not address assuring he has the Epi-pen when out of doors, assessing and reassessing his ability to self-administer, and checking expiration dates. In an interview on 4/15/14 at 2:30 PM the manager confirmed that the resident's care plan did not reflect the above issues. S/he stated that the resident likes to spend time down at the river and that he does have an Epi-pen but that she was not sure if his ability to use it had been assessed.</p> <p>2). Per record review R#4 is known to leave the</p>	R145		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTA'S HOSPITALITY HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1079 SOUTH BARRE ROAD BARRE, VT 05641</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R145	Continued From page 2  facility and at times drink alcohol while out. Notes indicate that he has, in the past, returned to the facility after he has been drinking. In an interview on 4/15/14 at 2:45 PM the manager stated that the resident and the facility have agreed that he will stay with friends if he has been drinking "too much" rather than returning to the facility. There is no information in the care plan instructing staff regarding what to do if the resident returns to the facility after consuming alcohol. The manager confirmed, in the interview, that the information was not present in the resident's care plan.	R145		
R162 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that staff do not administer any medication for which there is not a written, signed order for 2 of 5 residents reviewed. Findings include:  Per record review there were no signed physician's orders for all medications being administered for two residents, R#1 and R#4, in the resident's record. In an interview on 4/16/14 at 3:40 PM the facility manager confirmed that there were no signed orders for residents #1 and #4. In a phone call on 4/17/14 the facility RN	R162		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTA'S HOSPITALITY HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1079 SOUTH BARRE ROAD BARRE, VT 05641</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R162	Continued From page 3  stated that there was no system for assuring that orders were signed annually and telephone orders were signed within 14 days of receiving the order.	R162		
R164 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents  This REQUIREMENT is not met as evidenced by: Based staff interview the facility failed to assure that a registered nurse had delegated responsibility for the administration of specific medications to designated staff for designated residents. Findings include:  Per interview with the facility manager on 4/15/14 at 2 PM the medication delegation book and materials were not available for the surveyor to review. Per interview with the facility manager and the RN on 4/16/14 at 11:15 AM the delegation training materials were not available for review and might be with the last RN who worked at the facility. The RN presently doing oversight at the facility has been there since January of 2014 but states that s/he has not had the delegation materials since s/he started. There is no documentation that the present RN has	R164		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTA'S HOSPITALITY HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1079 SOUTH BARRE ROAD BARRE, VT 05641</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R164	Continued From page 4  re delegated all staff and no information available regarding the process and materials being used in the facility's delegation training.	R164		
R171 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:  (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that documentation sufficient to indicate that the medication regime is appropriate and effective and includes a current list of staff to whom a nurse has delegated	R171		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2014</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**COTA'S HOSPITALITY HOME**

**1079 SOUTH BARRE ROAD  
BARRE, VT 05641**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R171	Continued From page 5  administration. Findings include:  Per review of the Medication Administration Binder (MAR) there was no list present of delegated staff. In an interview on 4/15/14 at 11:30 AM the facility Manager and the Registered Nurse (RN) providing oversight confirmed that there was no list available of all medication delegated staff.	R171		
R179 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.	R179		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTA'S HOSPITALITY HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1079 SOUTH BARRE ROAD BARRE, VT 05641</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R179	Continued From page 6  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that direct care staff received twelve (12) hours of training annually which included the seven mandatory topics in regulation for five selected staff. Findings include:  1). Per record review of the inservice logs for the year 2013 for five randomly selected direct care staff members, four staff members were documented to have received training on 3 of the seven mandatory topics and 2 additional topics and one staff member was documented to have received training on 1 mandatory topic and 1 additional topic. There is no evidence of any additional training for these staff members. In interview on 4/16/14 at 10 AM the facility manager confirmed that the above information is the only information available for the year 2013.  2). Per record review Resident #2 has a physician's order for intermittent catheterization, for residual urine, 1-2 times daily. In an interview on 4/16/14 at 9:45 AM the manager stated that there was no signed documentation of staff delegated by an RN to perform the procedure available.	R179		
R302 SS=E	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building	R302		



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTA'S HOSPITALITY HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1079 SOUTH BARRE ROAD BARRE, VT 05641</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R302	<p>Continued From page 7</p> <p>when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that fire drills are conducted on at least a quarterly basis which rotate times of day among morning, afternoon, evening, and night. Findings include:</p> <p>Per review of the fire drill logs for the year 2013 all fire drills conducted were conducted during the afternoon hours, between 12 noon and 6 PM. In an interview on 4/16/14 at 3:20 PM the staff member responsible for scheduling the drills stated that s/he was not aware that it was required that drills be scheduled at the specific various times of the day listed in regulation.</p>	R302		

Survey Response  
Cota's Hospitality Home  
1079 S. Barre Road  
Barre, Vermont

5/6/14

R136 Resident Care and Home Services

5.7 Assessments

Assessments for Residents 1 through 5 have been updated and signed by RN.

Renewal log has been made and will be put in use as of May 15, 2014 Copy of log sent along with this response.

All charts reviewed for renewal dates.

RN and manager will be responsible to see log maintained and assessments done on time.

Updates for 2013 unfortunately were missed due to serious health problems for both the RN and Manager. New RN now in place and Manager back to work:

POC ACCEPTED  
m 7/8/14 RN

R145

5.9c Care Planning

Resident 1. Care plan now reflects discussion/teaching re water safety and use of epi pen. He will come and immediately let us know if used epi pen and will be transferred and monitored at local ER at that time. Is a strong swimmer reminded there is safety in numbers.

POC  
ACCEPTED  
m 7/8/14 RN

Resident 4. Discussion and recommendation by Primary Physician found in Annual physical note 2/4/14. Copy of Dr's report sent along with response. Staff has also discussed this with resident and he has signed a Risk agreement. Care plan reflects these actions.

R162

5.10 Medication Management

Physician orders for Resident 1 and 4 have been signed and are in

residents record.

Renewal log will be in place as of 5/15/14 RN and Manager will be responsible for seeing that log is maintained and assessments, care plans and order renewals are done on time. See log.

POC ACCEPTED  
m Hyman RN

R164

#### 5.10 Medication Management

Delegation book has been found: RN working on re delegation of meds, catheterization , glucose testing and CPAP use.

Task will be completed by June 30<sup>th</sup>, 2014

Any new employee will receive delegation status with in first month of employment, if not sooner.

RN and manager will be working together to see all staff delegations are done and on file.

POC ACCEPTED  
m Hyman RN  
WITH RN UNDERSTANDING  
THAT STAFF MUST  
BE DELEGATED BEFORE  
PERFORMING TASK

R171

#### 5/10 g Medication Management

List of staff giving medications with initials used to sign off medications in front of MAR will be updated to also note date of delegation. Date of completion June 15<sup>th</sup> 2014

Re delegation of med administration on going with RN

RN and manager will make sure this is kept up and any new staff trained are added to log/signature sheet.

POC ACCEPTED  
m Hyman RN

R179

#### 5.11 Staff Services

1. Schedule of yearly trainings/in-services had been set up by Lisa K, our past RN, who became very ill and was not able to complete these trainings. List and dates of trainings were sent with last survey correction. Manager was out part of the year also due to medical issue. Manager is now back and new RN has started working with us. RN is setting up her own schedule and has started with trainings as of March 2014.

POC  
ACCEPTED  
m Hyman RN

Schedule will be followed and the 7 mandatory trainings will be

done by January 2015

List of mandatory inservices reviewed at 5/7/14 staff meeting.

The following trainings have been done so far by new RN.

Medication administration review

Male Catheterization review

Abuse and neglect Reporting

Fire safety/fire drills (mike Cota)

Education packets have been put together by RN.

2. Delegation book found. RN working to re delegate this task

Will be done by

RN and manager will see each new employee is properly delegated

POC ACCEPTED  
m Hyatt RN

R302

9.11 Disaster and emergency preparedness

9.11c Fire Drills will be performed at appropriate times per regulations. Mike Cota will be responsible to complete needed drills and documenting them in Fire Drill book.

Policy and regulation discussed at 5/7/2014 staff training/meeting

POC ACCEPTED  
m Hyatt RN

Submitted by:

Mike Cota, Owner Michael Cota

Jane White LPN/BSAW, Manager Jane White

Susan Shafer RN Susan Shafer RN